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Guinea PRISM II Project: Quarterly Report, January – March 2006

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ACRONYMS

Acronyms		Definition
English	French	
CBD agent	Agent SBC	**C**ommunity **A**gent (***A**gent **C**ommunautaire)*
AGBEF	AGBEF	**A**ssociation **G**uinéenne pour le **B**ien-**ê**tre **F**amilial
FY	AF	**F**iscal **Y**ear (***A**nnée **F**iscale*)
AT	AT	**A**ssistant **T**echnique
CYP	CAP	**C**ouple-**Y**ears **P**rotection (***C**ouple **A**nnée **P**rotection)*
HHC	CCS	**H**eads of **H**ealth **C**enter *(**C**hef de **C**entre de **S**anté)*
CENAFOD	CENAFOD	**Ce**ntre **Na**tional de **Fo**rmation et de **D**éveloppement
CIP/Counseling	CIP/Counseling	**C**ommunication **I**nter **P**ersonnelle et Counseling
CNLS	CNLS	**C**omité **N**ational de **L**utte contre le **S**ida
OC	CO	**O**ral **C**ontraceptives (***C**ontraceptifs **O**raux)*
CoGes	CoGes	**Co**mité de **Ges**tion
CPS	CPS	**C**hef de **P**oste de **S**anté
CPSC	CPSC	**C**omité de **P**romotion de la **S**anté
HC	CS	**H**ealth **C**enter (***C**entre de **S**anté)*
CSC	CSC	**C**omité de **S**anté **C**ommunautaire
CSU	CSU	**U**rban **H**ealth **C**enter *(**C**entre de **S**anté **U**rbain)*
IUD	DIU	**I**NTRA-**U**TERINE Device *(**D**ispositif **I**NTRA-**U**TÉRIN)*
DPS	DPS	**D**istrict (**P**refecture) **H**ealth **D**irection *(**D**irection **P**réfectorale de la **S**anté)*
DRS	DRS	**R**egional **H**ealth **D**irection *(**D**irection **R**égionale de la **S**anté - ex IRS)*
DSR	DSR	**D**ivision de la **S**anté de la **R**eproduction
UG	HG	**U**pper **G**uinea *(**H**aute **G**uinée)*
GPIEC	GPIEC	**G**roupe **P**réfectoral **IEC**
GRIEC	GRIEC	**G**roupe **R**égional **IEC**
GTZ	GTZ	Agence de Développement Allemande
IEC	IEC	**I**nformation, **E**ducation et **C**ommunication
DDM	IPD	**D**ata for **D**ecision **M**aking *(**I**nformation pour la **P**rise de **D**écision)*
STIs	IST	**S**exually **T**ransmitted **I**nfections *(**I**nfection **S**exuellement **T**ransmissible)*
JNV	JNV	**J**ournée **N**ationale de **V**accination
ED&C	ME&C	**E**ssential **D**rugs and **C**ontraceptives *(**M**édicaments **E**ssentiels et **C**ontraceptifs)*
MSH	MSH	**M**anagement **S**ciences for **H**ealth
MOH	MOH	**M**inistry of Public **Health** (***M**inistère de la **S**anté **P**ublique)*
MURIGA	MURIGA	Mutuelle de santé consacrée à la référence des femmes lors des accouchements
NGO	ONG	**N**on **G**overnmental **O**rganisation *(**O**rganisation **N**on **G**ouvernementale)*
FP	FP	**F**amily **P**lanning *(**P**lanification **F**amiliale)*
IP	PI	**I**nfection **P**revention (***P**révention des **I**nfections)*
SDP	PPS	**S**ervice **D**elivery **P**oint (***P**oint de **P**restation de **S**ervices)*
HP	PS	**P**oste de **S**anté
IR	RI	**I**ntermediate **R**esult *(**R**ésultat **I**ntermédiaire)*

Acronyms		**Definition**
English	French	
PAC	SAA	**P**ost-**A**bortion **C**are *(**S**oins **A**près **A**vortement)*
CBD	SBC	**C**ommunity **B**ased **S**ervices *(**S**ervices à **B**ase **C**ommunautaires)*
SF	SF	**S**upervision **F**acilitante
HMIS	SNIS	National **H**ealth **M**anagement **I**nformation **S**ystem *(**S**ystème **N**ational d'**I**nformation **S**anitaire)*
RH	SR	**R**eproductive **H**ealth *(**S**anté de la **R**eproduction)*
USAID	USAID	**U**nited **S**tates **A**gency for **I**nternational **D**evelopment *(**A**gence **A**méricaine pour le **D**éveloppement **I**nternational)*
IEC		**I**nformation, **E**ducation and **C**ommunication
IST/SIDA	STI/AIDS	**I**nfections **S**exuellement **T**ransmissibles/SIDA
RAMCES	RAMCES	**Ra**pport **M**ensuel des **Ce**ntres de **S**anté
PEV/SSP/ME	EPI/PHC/ED	**P**rogramme **E**largi de **V**accination/**S**oins de **S**anté **P**rimaires/**M**édicaments **E**ssentiels
CTPS	CTPS	**C**omité **T**echnique **P**réfectoral de la **S**anté
CTRS	CTRS	**C**omité **T**echnique **R**égional de la **S**anté
SMI	MCH	**M**aternal and **C**hild **H**ealth
ADRA		**A**dventist **D**evelopment and **R**elief **A**gency

Executive Summary

USAID/Guinea SO #2
Increased use of essential FP/MCH services and prevention of STIs/AIDS

PRISM II Vision
By the year 2006, Guinean families and individuals will have access to high quality services and information that meet their reproductive health needs.

The PRISM Project (Pour Renforcer les Interventions en Santé Reproductive et MST/SIDA) is an initiative of the Republic of Guinea as part of its bilateral cooperation with the United States of America designed to increase the use of quality reproductive health services[1]. The project is funded by the United States Agency for International Development (USAID) and is implemented by Management Sciences for Health (MSH).

The project's intervention zones correspond to the natural region of Upper Guinea as well as Kissidougou prefecture, thus covering all of the nine prefectures of Kankan and Faranah administrative regions.

This report covers the activities and results of PRISM over the quarter January 1 to March 31, 2006. It is structured according to four USAID intermediate result areas: (1) increased access to reproductive health services and products, (2) improved quality of services at health facilities, (3) increased demand for reproductive health services and products, and (4) improved coordination of health interventions.

It should be noted that the project's one-year extension, approved in September 2005, covers only part of PRISM's past terms of reference, including:

- Expansion of the community-based distribution (CBD) Program;
- Reinforcement of the health mutual approach;
- Strengthening of community participation in health center management (COGES);
- Maintenance of family planning services in health centers and hospital maternities, as well as integration in health posts;
- Strengthening of the contraceptive logistics system;
- Establishment of cervical cancer screening in 14 service delivery points.

[1] This also responds to USAID/Guinea Strategic Objective #2: "Increased use of essential family planning, maternal and child health, and STI/AIDS prevention services and practices".

This report consists of three parts. The first part presents the introduction, an executive summary and a synthesis of principal results attained over the quarter. The second part presents in detail the project's strategies and approaches for each IR, the activities implemented, and results attained over the quarter. The conclusion includes a review and update of principal indicators. A full list of the indicators updated to reflect the situation as of March 2006 is also presented at the end of this report.

IR1: Increased ACCESS to reproductive health services

All 109 health centers and nine maternities in PRISM's coverage area, as well as 114 of 119 health posts (96 percent), are now staffed and supplied to provide family planning and STI/AIDS prevention services. This was achieved during the quarter by:

- Training 13 health center staff and 35 health post staff;
- Provision of a stock of contraceptives to newly integrated health posts;
- Provision of management tools and IEC materials required to ensure full functionality of the health post when offering family planning services.

PRISM also increased accessibility through community-based distribution. During the quarter, the project trained 725 community agents in the prescription and distribution of oral contraceptives and Vitamin A, bringing the total number trained in Upper Guinea to 1,507. Fifty-nine percent of the most recent batch were women, confirming the total "feminization" of the program. As of March 2006, all the targeted villages in Kankan, Kerouane, and Faranah were covered by PRISM directly while villages in Siguiri were covered by the common effort of PRISM and ADRA and those in Kouroussa, and Mandiana by PRISM and Save the Children. It should be noted that the villages of Dabola and Dinguiraye were covered during the last quarter by the common effort of PRISM and Africare.

During the quarter, **all 14 sites targeted for the new Cervical Cancer Screening Program in Upper Guinea were integrated (staffed and supplied) to provide services.** This was achieved during the quarter by:

- Training 42 service providers;
- Provision of basic technical equipment and commodities;
- Provision of management tools and IEC materials required to ensure full functionality of service delivery point (SDP) when offering cervical cancer screening services.

During the quarter, **PRISM supported creation of 107 *caisses communautaires*, recruiting 3,149 new members in Kankan, Kérouané, and Faranah.** These *caisses communautaires* promote community-based health financing by creating and reinforcing community health mutuals.

PRISM also reinforced COGES and the use of "community mirrors" to monitor health problems. Visiting 107 of 329 community health committees (CSC) in Kankan, Faranah, and Kérouané, project staff helped residents and health authorities to identify and solve community problems.

During the quarter and with PRISM's support, **one health center became fully functional through the reinforcement of governance at community level**. Through the joint effort of responsible parties at all levels (villages, *sous* prefecture, prefecture, and region) the Baté Nafadji community established a management system allowing the health center to have essential drugs, motivated personnel, and then improved health indicators that exceeded objectives.

IR2: Improved QUALITY of services

During the quarter, **PRISM supported supervision of 26 health posts, 20 health centers, and all 9 maternities covered by the project.** During the supervision, the conformity to norms and standards, the management system, and the reporting system were all audited; additionally the prevention of infections was evaluated, and recommendations were made.

IR3: Increased DEMAND for services

PRISM continued to strengthen local capacity for information, education and communication (IEC), emphasizing family planning, community based activities, and the cervical cancer screening program. Activities included:

- Training curricula on interpersonal communication elaborated, tested and finalized.
- Forty-five episodes of the cervical cancer screening *tables rondes* broadcasted.
- Seventy meetings with potential clients of the cervical cancer screening program organized in Kankan, Siguiri, and Faranah.
- Supervision of all nine IEC groups; provision of IEC kits, including manuals, posters, and other materials for managing community-level IEC activities.
- Thirty CPSC members oriented to use the "community mirror" efficiently. Activities to promote mutuals organized in 120 villages, 30 events organized to mark the integration of family planning and STI prevention services in health posts, and 50 more events organized to present newly trained CBD agents.

IR4 Improved COORDINATION

Collaboration with various partners on the ground continues, notably with EngenderHealth, Helen Keller International (HKI), Africare, ADRA, and Save the Children.

INTERMEDIATE RESULTS BY SECTION

IR1 – Increased ACCESS to reproductive health services

This part of the report presents the progress achieved during the quarter in terms of improving access to reproductive health services. It is organized into two sections, each one corresponding to a strategy by which the PRISM project works to improve access: the **availability of essential resources** and **equity and sustainability** in accessing these services.

Section I: Availability of essential resources at health facilities

1. Carry out and consolidate the integration of FP and STI prevention at the facility and community levels;
2. Integrate cervical cancer screening services into 14 health facilities;
3. Ensure a sustainable supply of medical equipment, IEC materials, and management tools for the health facilities;
4. Strengthen the management of contraceptives.

Section II: Equity in access and sustainability in the provision of services at the facility level

Strengthen **community ownership** through (1) health mutual insurance plans and other associations interested in community self-reliance, and (2) health center management committees that represent the community and are interested in improving the cost-recovery system at the facility level.

AVAILABILITY OF ESSENTIAL RESOURCES AT THE FACILITY LEVEL

To be fully functional at delivering services a SDP needs to have simultaneously the following essential resources: trained providers, drugs, medical equipment, supplies, and IEC and management tools.

1.1 Integration of RH services

Integration of family planning services and prevention of STIs/AIDS

Maintenance of Services at health centers and maternities

As of March 2006, all targeted health centers and maternities were integrated in family planning and STI prevention. Eventually, some trained providers will retire or be transferred to another facility. Then the challenge for health authorities and PRISM is to preserve integration and service availability despite changes in personnel.

PRISM supports this constant effort by periodically conducting complementary training. During the quarter, 15 new providers coming from 13 health centers in the Kankan and Faranah regions were trained. With this training, all health centers and maternities in the target zone have at least one provider in family planning and STI prevention.

Integration of services at health posts level

During the quarter, with project support, 19 health posts were integrated to offer family planning and STI prevention services: 10 health posts in Kouroussa, 5 health posts in Dabola, 3 health posts in Kankan, and one health post in Mandiana.

Integration means training providers, supplying contraceptives as well as management tools and IEC materials, and finally ensuring post training follow-up. During the quarter, 19 providers from those health posts were trained, and contraceptives, management tools, and IEC materials were provided by the project. With this activity, the total number of health posts integrated in family planning and STI prevention in the target region reached 114 (out of 119 targeted for FY06).

All maternities and health centers and 96% of health posts in Upper Guinea and in the Kissidougou prefecture are integrated in family planning services and prevention of STIs/AIDS. Over the next quarter, all of the remaining health posts will be integrated.

The table below indicates the percentage of facilities in UG and Kissidougou in which FP and STIs/AIDS prevention are integrated.

Percentage of facilities in UG and Kissidougou in which FP and STIs/AIDS prevention are integrated

Type of Service Delivery Point	**FY03**		**FY04**		**FY05**		**Results FY 06**	
	Target	Result	Target	Result	Target	Result	Quarter 1	Quarter 2
Maternities	100	100 (n=9)	100	100 (n=9)	100	100 (n=9)	100 (n=9)	100 (n=9)
Health centers	100	96 (n=104)	100	96 (n=104)	100	100 (n=104)	100 (n=109)	100 (n=109)
Health posts	25	13 (n=119)	25	47 (n=119)	25	47 (n=119)	79 (n=119)	96 (n=119)

Thus all maternities and health centers and 96% of the health posts in Upper Guinea and in the Kissidougou prefecture are integrated in family planning services and prevention of STIs/AIDS. When new health centers or new health posts are recognized by PEV/SSP/ME; FP and STI prevention are immediately integrated into its package of services by training its providers. Over the next quarter, all of the remaining health posts will be integrated.

To maintain services at health posts already integrated, the project organized during the quarter a training session for16 providers coming from various health posts in the Kankan region.

Post integration follow-up

During the quarter 26 health posts integrated in FP/STI prevention over the past quarter benefited from one post-integration follow-up. During this visit different aspects of the service providing were covered: availability of the equipment and management tools, performances of the providers, and the counseling. The analysis of the collected observations shows that:

- In 92% of health posts (24 out of 26), the adequacy of availability of equipment and management tools is equal or higher than 75%;

- For 65% (17 out of 26) of the providers observed, the technical performance rate is equal or higher than 75%;

- For 88% (23 out of 26) of the providers, the rate of performance was equal or higher than 75% in counseling.

During the next quarter, all recently integrated health posts will benefit from at least one post-integration follow-up, in particular in the prefectures of Faranah, Kouroussa, and Dabola.

Monitoring the IUD insertion/removal activities in certain urban health centers and maternities

In addition to the 21 sites already integrated and offering IUD services (insertion/removal), the project's support helped to extend the program to cover the two health centers (Kinièran and Kondianakoro in Mandiana) integrated in parternership with Save the Children. Also, during the quarter, the project supported the availability of IUD services into the five heath centers in the Siguiri Prefecture integrated by EngenderHealth: Bolibana, Siguiri Koura, Doko, Kintinian and Franwalia. Integration includes (1) conducting a needs assessment, (2) training two health providers per site, (3) equipping facilities with IUD kits, IEC materials, and IUD case management tools, and (4) post-training follow-up.

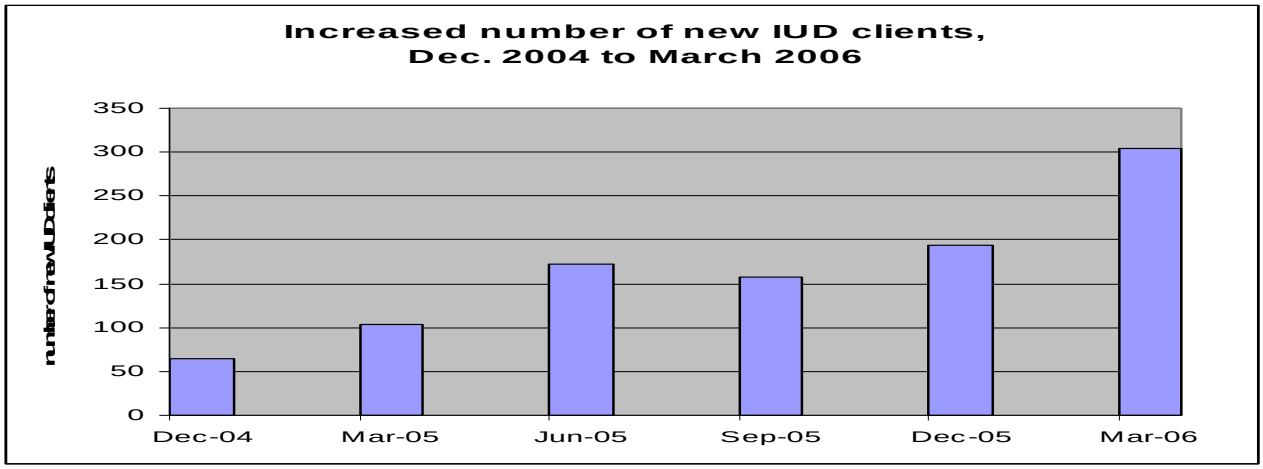
Finally, during the quarter, all sites offering IUD services in Upper Guinea benefited from one post-integration follow-up/supervision. During this activity, data on new clients was systematically collected. The results are in the following table.

Growth of the number of clients recruited from FY04 to 2nd quarter of FY06 for IUD

Facilities	*Oct 04 to Dec 04*	*Jan. to March 05*	*April to June 05*	*July to Sept 05*	*Oct to Dec 05*	*Jan to March 06*
Hop. Kankan+AGBEF	12	17	30	32	68	39
CSU Salamani	14	13	24	12	14	19
CSU Daloba Sekou	-	-	-	-	-	7
Hop. Kérouané	-	5	11	11	9	9
CSU Kérouané	-	13	15	12	10	17
Banankoro SCA	-	2	16	1	3	14
Hop. Mandiana	12	12	4	2	17*	5
CSU Mandiana	6	0	9	11	7	8
CSR Koundianakoro	-	-	-	-	-	10
CSR Kinieran	-	-	-	-	-	11
Hop. Kouroussa	4	3	4	3	9	8
CSU Kouroussa	0	5	8	5	11	7
Hop Pref. Siguiri	1	6	11	12	6	31
CSUSiguiri Koro	3	9	10	21	10	54
CSU Bolibana	-	-	-	-	-	16
CSU Siguiri Koura	-	-	-	-	-	11
CSR Kintignan	-	-	-	-	-	3
CSR Doko	-	-	-	-	-	4
CSR Franwalia	-	-	-	-	-	6
Hop.Reg. Faranah	10	8	10	15	6	10
CSU Abattoir	1	0	5	8	8	6
Hop. Kissidougou	-	4	13	2	7	3
CSU Hérémakono	-	1	0	5	1	0
CSU Madina	-	1	1	0	1	1
Hop. Dinguiraye	1	4	0	0	2	0
CSU Dinguiraye	1	0	0	3	1	2
Hop. Préf. Dabola	-	0	0	1	1	2
CSU Dabola	-	0	1	1	3	1
Total	65	103	172	157	194	304

There were 304 new clients recruited for the IUD during this quarter, compared to 194 during the last quarter—a 56% increase. In fact, some facilities experienced a brief stock-out of IUDs during the quarter. This situation was rapidly solved through the restocking mechanism designed by PRISM.

The graph below shows that the number of IUDs distributed during the first semester of the FY06 (498) is almost equal to the total distributed during the entire fiscal year 2005. If this trend is maintained, the number of IUD clients in Upper Guinea for FY06 will be at least double what was observed in 2005.



Monitoring of tubal ligation services (mini-lap or during caesareans) in the maternities

In partnership with EngenderHealth, tubal ligation services are integrated in the majority of the ninematernities within the project's coverage zone. At the current rate, we expect approximately 128 tubal ligation cases during FY06; this is a notable increase over the past two years. The rate of minilaparatomy is also increasing slightly, but uptake of the service remains far below that of tubal ligation. Cases of tubal ligation are occurring in the nine hospitals of the Kankan and Faranah regions which offer these services.

Number of new clients from FY04 to the 1st quarter of FY06, by method

Maternity of Hospitals	*Tubal Ligation under minilaparatomy*				*Tubal Ligation during Caesarean*			
	FY04	*FY05*	*Q1, FY06*	Q2, FY06	*FY04*	*FY05*	*Q1, FY06*	Q2, FY06
Kankan	0	0	0	0	8	16	3	2
Kérouané	0	0	0	0	4	4*	0	3
Mandiana	1	1	0	1	0	3	0	2
Kouroussa	NA	NA	NA	NA	2	13	1	1
Siguiri	2	3	0	0	21	7	5	0
Faranah	7	3	3	1	27	13*	13	10
Kissidougou	1	0	0	0	13	6*	7	5
Dinguiraye	NA	NA	NA	NA	5	3*	0	2
Dabola	4	1	0	0	10	13	3	7
Total	15	8	3	2	90	78	32	32

** = Number of clients recruited from January to September 2005*

During the quarter, there were 2 cases of minilaparatomy and 32 cases of tubal ligation during caesarean, carried out in the maternities covered by the project. The minilaparatomy services are not used by woman who might otherwise undergo tubals libation therefore uptake is low in UG and new training will not be supported by PRISM.

Distribution of contraceptives, FP activities management tools, and IEC materials

The accessibility of family planning services depends upon, among other things, the continuous availability of products. During the quarter, PRISM has received from USAID various contraceptives to be distributed in Upper Guinea. The table below shows the quantity and type of contraceptives received.

Quantity of contraceptives received from USAID during the quarter

Contraceptive	Units	Quantity	Expiring Date
Lo-femenal	Cycle	291,600	11/2009
Ovrette	Cycle	62,200	08/2010
Dépo-provera	Fl	40,000	05/2009
DIU	Piece	1,000	04/2012
Condom	Piece	201,000	12/2009

During the quarter, the project continued the direct management of contraceptives, thus ensuring the availability of contraceptives to all service delivery points in Upper Guinea and in Kissidougou.

During the quarter, the project solicited short-term technical assistance to review the current contraceptives logistics system and make recommendations for the future. Since PRISM has been in country, the project has provided contraceptive logistics support to Kankan, Faranah, and Nzerekore regions, by assuring the availability and accessibility of products at the regional and district levels. Since PRISM will be closing, there is concern about how to transfer this responsibility and assure this function's sustainability within the limited resources of the MOH. The consultant's main recommendation is the implementation of a circuit based on the national structure, the *Pharmacie Centrale de Guinée* (PCG) which will supply the SDPs according to their need. This physical flow of contraceptives is supported by a financial flow that allows the system to make a profit. In parallel, a MIS system will have to be installed to trace consumption, determine needs, and monitor product availability. There will be no more external intervention (of NGOs for instance); the PCG and regional authorities will be fully responsible vis-à-vis the system. PCG insures the receipt, storage, and transfer of the contraceptives to the regions; regional authorities are responsible for distribution. The challenge is significant, but the system is doable, based on the fact that both PCG and the DRS are ready to prove their capacities and responsibilities. To set up such a system, in agreement with the MOH, it is recommended to establish two MOUs — one between USAID and PCG, and one between USAID and the DRS. The terms of these MOUs will specify clearly various expectations such as the financial requirements, the support expected from USAID, mobilization of resources by PCG, and the supervision of the regional system by the DRS.

The full report of the consultant is attached to this report.

Integration of cervical cancer screening program

In collaboration with the national hospital of Donka (Conakry), during the quarter PRISM integrated the cervical cancer screening program in Upper Guinea in order to reduce cervical cancer morbidity and mortality. The program covers 3 hospitals and 11 urban health centers in Kankan, Siguiri, and Faranah, and uses Donka hospital for referrals of advanced cases.

The following steps have been undertaken during the quarter:

1. **Integration of 14 services delivery points in offering cervical cancer screening services**

Note: Integration meant (1) conducting needs assessment, (2) training of health providers, (3) equipping facilities with basic technical kits, IEC materials, and management tools, and (4) post-training follow-up.

During the quarter, a total of 42 providers from Siguiri (13), Kankan (19), and Faranah (10) were trained in offering cervical cancer screening services. Among them, 24 came from health centers and 18 from hospitals. The training was focused on the techniques of cervical cancer screening by visual inspection with acetic acid application (IVA) and visual inspection with application of Lugol's solution (IVL). In parallel to the training, basic equipment, IEC materials, and management tools were distributed to the facilities. The basic equipment included a multi-tip freezer, halogen fiber optics, cervical biopsy curettes, an electrosurgical generator, bottles of Monsel's solution, etc.

2. **Community mobilization**

In parallel to the training, community mobilization activities were organized in Kankan, Faranah, and Siguiri in order to promote the use of these new services. These activities allowed the population to attend the sites during their integration (and immediately after the training), thus facilitating the practical training of the agents.

3. **Testing the population during the integration and post-integration for free**

During the integration (and immediately after the integration) in those 14 services delivery points, 1,653 patients were screened in 4 weeks: 274 in Siguiri, 457 in Faranah, and 922 in Kankan. Among them, 97 patients were positive to the test, 21 received biopsy, and 3 presented invasive cancer. As this is the first screening program in the area, the demand was higher than expected. All positives cases were either considered for biopsy or on-site treatment , or referred to Donka hospital for specialized care.

Availability of basic medical equipment and IEC and management tools

Provision of medical equipment:

During the quarter, in order to support the new services for cervical cancer screening, it was necessary to procure some medical equipment for the health facilities. Equipment that was available locally has been purchased and the equipment not available locally was imported.

Provision of IEC material (posters, brochures, etc.):

During the quarter, the *dépliants* posters and other IEC materials related to the cervical cancer screening services were produced and distributed in conjunction with the screening program's implementation. Plus, thousands of copies of the IEC materials for mutuals, COGES, and family planning were distributed.

Expansion and strengthening of community-based services

Strengthening and expanding community-based services constitute one of the principal components of PRISM's interventions in support of increasing the population's access to health services. These interventions are focused toward two goals: 1) training former CBD agents to be able to distribute directly oral contraceptives, and 2) recruiting, training and deploying new CBD agents, with an emphasis on female agents, as planned in the CBD new strategy. During the quarter, the project maintained the expansion of direct oral contraceptive distribution to ensure complete coverage of prefectures in Upper Guinea. As a result, during the quarter, 67 CBD agents were trained in Kankan, 102 in Faranah, 61 in Kerouane, 186 in Siguiri, 43 in Kouroussa, and 266 in Mandiana. Thus, during the quarter, a total of 725 CBD agents were trained to distribute oral contraceptive at the community level. Among these 725 new agents, 427 (59%) are female.

Each rural sub-prefecture in Upper Guinea now has a full network of CBD agents around the health center. These trainings bring the total number of CBD agents trained to prescribe and distribute oral contraceptives to the community to 1,507 agents in Upper Guinea (see table below). Among these agents, 718 or 47.6% are female. This percentage confirms the "feminization" of the program. Note that in Dabola and Dinguiraye these trainings were carried out in partnership with Africare, in Kouroussa and Mandiana PRISM partnered with Save the Children, and in Siguiri ADRA was a partner.

Number of CBD agents trained for the direct distribution of OC per prefecture

Prefecture	**Number of trained agents**				**Total trained agents**		
	Jan-Mar05	April-Jun05	Sept-Dec05	Jan-Mar06	Total	Female	Male
Kerouane							
PRISM	47	-	-	61	108	46	62
Kankan							
PRISM	21	63	30	67	181	86	95
Siguiri							
PRISM	0	41		42			
PRISM & ADRA	0	73		144	300	147	153
Kouroussa							
PRISM	0	53					
PRISM & Save the Children	0	76		43	172	65	107
Faranah							
PRISM	0	49	0	102	151	83	68
Dabola							
PRISM	0	0	12				
PRISM & Africare	0	0	117		129	63	66
Mandiana							
PRISM							
PRISM & Save the Children				266	266	133	133
Dinguiraye							
PRISM	0	0	50				
PRISM & Africare	0	0	150		200	95	105
Total	68	355	359	725	1,507	718	789

The CBD agents' activities show a remarkable increase in the number of new clients in all of the prefectures. For instance, for all of the Prefectures the rate of recruitment (number of new family planning users out of the total targeted population) is higher than 25% in March 2006. See more comments on the results in the conclusion. .

Equity and sustainability in ACCESS to health services

Efforts made in service integration are only sustainable and efficient if the populations have access to and are using these services. Populations use health services only when those services are available, meet the population's needs, and are financially accessible. In situations where the national governance is weak (as in Guinea) one of the ways to maintain the continuous availability of services is to give communities the experience of managing an institution that responds directly to their needs. In such a situation, local governance becomes increasingly important. The PRISM project supports the Guinean Ministry of Health in this area by promoting community co-management of health systems, including promoting local financing.

1. Promoting community co-management of health systems

During the last quarter the PRISM project maintained its support to revitalize the community participation in the management of health system in Kankan, Faranah, and Kerouane. Community mobilization meetings were conducted in each large village and/or district during which community members addressed their health problems and democratically elected their village community health committees (*Comité de Santé Communautaire,* [CSC]), which are charged to:

- Facilitate the development and monitoring of their action plan to face locally identified health issues;
- Develop the budget and manage the resources of the health post (when applicable);
- Serve as a link and facilitator between the community and community-based workers and/or the health post's staff;
- Update/manage monthly the village's community mirror;
- Represent the village vis-à-vis administrative authorities.

During the first monthly meeting of the CSC, following the same democratic process, each of these CSCs chooses a representative to sit on the community health promotion committee (*Comité de Promotion de la Santé Communautaire* [CPSC]), which is headquartered at the health center's sub-prefecture. The CPSC is charged to:

- Democratically elect members of an executive committee (the equivalent of the old COGES) as well as the appeal committee (*comité de recours*).
- Oversee the development of the health center's semester budget as well as the daily overview of the health center's management;
- Serve as a link/facilitator between the villages that they represent and the health center and authorities at the sub-prefecture level;

- Oversee the MOU signed by their communities and health centers, hospitals, and other *syndicat des transporteurs;*
- Manage conflicts between communities and the health system (e.g., if clients are overcharged).

This strategy is developed in 38 sub prefectures and hundreds of villages in the Kankan, Kerouane, and Faranah prefectures.

During the quarter, PRISM continued to strengthen the capacity of these communities to address local problems through their community-based institutions an important and challenging task in the fragile state context of Guinea. Thus 107 out of 280 rural CSCs were visited and their "community mirrors" evaluated. The results showed that:

- The large majority of the community health committees continue to update (to fill) their "mirrors" and post them in a visible place at the village;
- More and more communities agree to insure the local financing of their health system (if their money is secured, see the paragraph below);
- More and more communities are finding local responses to their various health issues.

2. Supporting the promotion of local financing (health mutual)

A mutual is a kind of micro-insurance company, a local, voluntary, nonprofit, community-based association in which participants agree to use their membership to face local health problems. This initiative is piloted in appendix to the *community management of health system* strategy, with the project's support in Kankan, Kérouane, and Faranah prefectures.

With the creation of the local CSCs, PRISM pursued during the quarter the process of decentralizing the collection of participation fees at the village level by reinforcing the *caisses communautaires*. This activity, started during the last quarter, has already increased community interest and confidence in the mutuals.

Over the quarter, 107 *caisses communautaires* were created in Kankan Prefecture (47), Kerouane Prefecture (25), and Faranah Prefecture (35).

This decentralization permitted the recruitment during the quarter of 416 new members in Kerouane and the collection of funds totaling 6,459,250 GNF.As of March 2006 the total is 1,107 members and 9,802,500 GNF, representing a remarkable sum for rural "poor" communities. The summary of the decentralization in Kerouane is presented in the table below.

Sous-préfecture	# of caisses		Members	Dependants	Membership fees
Damaro	Villages	10	218	961	992,000
Komodou	Villages	10	149	400	453,200
Soromara	Villages	10	173	1,181	2,564,000
Banankoro	Villages	14	245	597	4,530,000
Linko	Villages	8	159	758	521,000
Konsankoro	Villages	4	60	208	212,500
Sibiribaro	Villages	9	103	582	529,800
Total		65	1,107	4,687	9,802,500

** Information not available.*

In Kankan during the quarter 1,272 new members have been recruited by the Mutual and 6,743,000 GNF collected. As for March 2006, the total mutual' members reaches 1,897 and the total amount collected is 9,790,500 GNF.

Sous-préfecture	# of *caisses*		Members	Dependants	Membership fees
Bate Nafadji	Villages	10	342	2,424	1,717,900
Karfamoriya	Villages	10	222	415	1,454,400
Tokounou	Villages	10	150	565	599,100
Sabadou Bara	Villages	9	210	1,163	783,300
Tintioulen	Villages	12	187	543	500,200
Gberedou Bara	Villages	7	148	299	961,500
Koumban	Villages	6	117	295	673,900
Mamouroudou	Villages	4	103	440	690,500
Moribaya	Villages	5	120	549	662,700
Balandou	Villages	10	94	109	391,000
Missamana	Villages	10	83	68	484,500
Boula	Villages	5	121	470	871,500
Total		98	1,897	7,340	9,790,500

The same situation is observed in Faranah where, 1,461 new members were recruited during the quarter and 5,261,400 GNF were collected. In total, as of March 2006, the total number of mutual members reached 1,995 in Faranah and the amount collected reached 6,778,250 GNF. In total, during the quarter, 3,149 new members were recruited in the prefectures of Kankan, Kerouane, and Faranah and 18,463,650 GNF collected, that represents a very significant sum of money in the context of Guinean rural population. These results confirm if necessary, that the communities are fully in accordance with the mutual idea. With the frequent stock-outs of medicines, those communities expressed interest in subsidizing the health system in order to better face their needs. PRISM worked with those communities as well as with health authorities to set up a management system that will protect communities' money. See next paragraph.

Some results produced by the reinforcement of the governance at the community level: cases on Bate-Nafadji, Balandou, and Missamana

Testing a new approach: Improve the health situation by improving local governance.

Bate-Nafadji, Balandou, and Missamana are three sub-prefectures with their health centers, various health posts, and community-based workers. Drugs were not regularly available, the staff was not motivated, the population was overcharged, and health indicators were among the lowest in Guinea's health system. These sites were very typical of health centers in Guinea. During the last quarter, the PRISM Project decided to test new approach: changing the dramatic health situation by improving the local governance. This new approach, combining the two strategies developed above is being tested in these three sub-prefectures of Kankan. Implementation of the approach permitted:

1. Revised fees for services

The Guinean health system is in a vicious cycle. According to the CORE analysis published by MSH in January 2006, Guinean facilities are not covering their costs by providing services: "In some cases, the *direct* cost of providing a service exceeds the revenue charged for that service. In such a situation, increasing the services volume will not solve the problems; on the contrary, the losses are greater as the services volume increases."

Part of the problems is that fees for services in the Guinean health system have not been changed/updated since 1992 despite significant changes at international level and locally (for instance, the exchange rate USD/GNF has multiplied at least by 10 since then). To face this problem, PRISM encouraged a local dialogue gathering the community representatives (including CSC and CPSC), local traditional and religious leaders, administrative and health authorities, and service providers. During the dialogue new tariffs were negotiated between those community representatives (CSC and CPSC) and administrative and health authorities. These new tariffs take in account the "price veracity" of drugs, the health center (and/or health posts) operating costs, as well as of the capacity of communities to pay. These new prices are presented below.

TARIFS DE PRESTATIONS NEGOCIES AVEC LES COMMUNAUTES ET APPLIQUES DANS LA SOUS-PREFECTURE		
N°	PRESTATIONS	TARIFS
1	Accouchement simple	3000 FG
2	Traitement adulte et enfant de plus de 5 ans avec antibiotique injectable ou quinine ou lactate de Ringer	5000 FG
3	Traitement Infection Sexuellement Transmissible IST	5000 FG
4	Traitement adulte avec comprimé antibiotique	3000 FG
5	Traitement adulte sans antibiotique	2000 FG
6	Traitement enfant de plus de 0 à 1 an avec antibiotique injectable, ou quinine ou lactate de Ringer	2000 FG
7	Traitement enfant de plus de 0 à 1 an avec antibiotique comprimé, injectable ou quinine ou lactate de Ringer	1000 FG
8	Traitement enfant 0 à 1 an sans antibiotique	500 FG
9	Traitement enfant de 13 mois à 5 ans avec antibiotique injectable ou quinine ou lactate de Ringer	3000 FG
10	Traitement enfant de 13 mois à 5 ans avec antibiotique comprimé,	2000 FG
11	Traitement enfant de 13 mois à 5 ans sans antibiotique,	1000 FG
12	Traitement local (pommade, pansement etc…)	500 FG

2. Mobilization of resources and drug supplies

As everywhere else in the Guinean health system, drugs exist only sporadically and even when drugs are available, the sites often lack resources for supplying. During the quarter, the entire 13 communities covered by the Bate Nafadji health center agreed to mobilize their own resources to purchase drugs for at least one year's needs. In total, approximately 12 million GNF were collected and allocated to the purchase of essential drugs. But, drugs being generally not available with the traditional supply system, health regional authorities, with the project's support, ensured that this supply as well as the transportation of drugs from Conakry to Kankan happened. The regional health director of Kankan came to Conakry in person to visit main public, para-public, and private suppliers of essential drugs. These joint efforts permitted Bate Nafadji health center as well as the five health posts covered by the health center to make available a one-year-stock of essential drugs.

On other hand, to minimize the risk of drugs deteriorating and to encourage collaboration between communities, the community of Baté Nafadji agreed to lend part of their drugs to both sub-prefectures covered by this strategy: Balandou and Missamana. This loan of "drugs against drugs" (and not against money) was supervised by the whole administrative and health authorities in Kankan to ensure the guaranty. Thus, these three service delivery points (and their health posts) are now the only ones in Upper Guinea (and in Guinea) that have sufficient drugs thanks to the mobilization of their local resources and not subsidies by NGOs and/or others.

3. Staff motivation

Another problem of the Guinean current health system is the total lack of motivation of providers. In general providers work for themselves, overcharge clients, and "personalize services." With their particularly low salaries they do not respect official tariffs of services. During the dialogue at community level, a new approach of motivation for providers was defined. The combination of the tariffs modification and the availability of drugs will ensure (under good management) profits for health centers. Part of this profit will be given to the staff for motivation but based on individual performance. A specific and detailed approach for this is being developed by the PRISM Project. By accepting this approach, providers signed contracts with the community representatives as well as administrative and health authorities on the strict respect of the negotiated tariffs of services. As said by the Kankan regional health director "providers committed to put on the table what was put under the table."

An instructive example of this new situation was seen in a village where a health post provider, in outreach activities, tried to overcharge a client. The local person in charge of the CSC insisted that the woman would not pay the tariffs requested by the provider and presented a copy of the signed engagements before sending an official letter to the administrative and health authorities.

4. MOU with health posts, health centers, and the regional hospital

To limit the risks of overcharging and to ensure continuous availability of health services, communities in these three sub-prefectures signed MOUs with their health centers as well as with the regional hospitals of Kankan and the local unions of transporters (for emergency evacuations). Thus, mutual members do not have anything to pay directly to the health providers. The monthly contributions to their *caisses commnunutaires* (see the earlier section on *caisses commnunutaires*) cover the various expenses associated with their local health needs.

During the quarter, PRISM developed an approach allowing a clear and transparent management system that supports the objective of having all the community members participate in the mutual initiative. The current differences between a mutual member and nonmember are:

- A member has direct access to health services without any payment besides his contribution to the *caisses communautaires*;
- The mutual have gotten a reduction of tariffs from the regional hospital of 40%, thus the mutual members eventually pay 40% less than official tariffs at the hospital;
- Mutual members have direct access to the services of the regional ambulance as well as services offered by the union of local transporters.

The visible success of the strategy encouraged many others organizations/persons to become involved. For example:

- In Bakono Cissela (Kankan's village) the *Association des Ressortissants* (association of people who are from the villages but have left the villages) decided to bring direct financial aid to their local *caisse communautaire* to support poor persons and others needs. But also the association decided to make available for their parents one ambulance. The Project promised to set up a transparent management system of the ambulance.

- Djelibakoro (another village in Kankan), after having received a loan of drugs for a value of 200,000 GNF, succeeded in mobilizing 400,000 GNF in one month;

- The population in Fodécariah collected in a week more than 500,000 GNF for their local *caisse communautaire*.

This strategy has proven to be efficient and effective. By reinforcing local governance, the project also reinforces the health system in these villages. This strategy should constitute an effective axis of intervention in the future in Guinea where the governance continues to deteriorate. This strategy may also be extended to other social services, for example, education.

During the next quarter, MSH/PRISM intends to extend this strategy to two new sub-prefectures in Kankan. The project will test then the feasibility of such a strategy in a very short time with a minimum of resources.

IR2 – Improved QUALITY of reproductive health services

PRISM's new support to strengthen the quality of RH services focuses on two themes: (1) the supervision/post training activities (for PAC especially) and (2) the devolution of the national health management information system (SNIS) developed since the Project inception.

Quality Standards and Services:

- Strengthening quality services at the service delivery points through the supervision and adaptation of RH curricula when necessary;
- Follow up PAC activities;
- Devolution of the MIS system. This includes assistance and training to the central level of the MOH, to the DRS, and the DPS in collecting and using data for decision-making, and in developing periodic HIS reports.

RH standards, procedures, and reference protocols

Strengthening supervision

Technical, financial, and logistical support is given regularly to the DPS and DRS to support facilitative supervision. During the quarter, 26 health posts, 20 health centers, and 9 maternities in Upper Guinea were supervised directly by the project's staff and/or by the health authorities. During the supervision, a joint review is organized between supervisees and the supervisors to discuss progress and identify problems. These elements are contained in the form, "*Monitoring and supervision of HC*" that brings together in a structured way a summary statement of the problems, the concrete actions to solve them, the name of the person responsible for completion of each action and the deadline.

Post-abortion care

During the quarter, one post-training monitoring visit was carried out in each of the 10 health facilities offering PAC services. The visit was conducted in order to assess the availability, quality, and use of services in the field. It was observed that, during the quarter, 183 women have been received for PAC services. Among them, 103 (56%) women had accepted a family planning method and only two complications occurred after *Aspiration Manuelle Intra Utérin* (AMIU) (0.5%). Thus, during the quarter, the proportion of women accepting family planning after AMIU largely dropped compared to 83% observed during the last quarter. Efforts must be made by the project during the next quarter to reinforce the counseling aspects of the providers' work.

Result of the Post-Abortion Care services (PAC) during the period from January to March 2006

Facilities	*# Cases*	*# complications on arrival*	*Types of complications*	*Complication on leaving*	*# Acceptors of FP*	*%*
Hop. Kankan	41	0	1 Hemorrhage	0	20	49
Hop. Kérouané	2	0	-	0	2	100
CSA Banankoro	12	0	Hemorrhage	0	12	100
Hop. Mandiana	12	2	1 Hemorrhage and 1 Infection	0	12	100
Hop. Kouroussa	8	2	1 Hemorrhage and 1 Infection	0	2	25
Hop. Siguiri	8	0	-	0	0	0
Hop.Faranah	55	2	1 Hemorrhages 1 Infections	1 Infections	40	73
Hop. Kissidougou	18	0	-	0	9	50
Hop. Dinguiraye	10	1	Hemorrhage	0	4	40
Hop. Dabola	17	1	2 Hemorrhages 1 Infection	0	2	12
TOTAL	**183**	8	-	1	103	56%

IR3 – Increased DEMAND of reproductive health services

The PRISM Project's approach to increase demand for RH services in Upper Guinea is to simultaneously (1) improve client-provider interaction (IPC), (2) conduct health promotion interventions, and (3) improve IEC management, delivery capacity and sustainability. Specifically, this includes:

1. **Improving Coordination of IEC Programs**
- Assist in development of national and regional IEC strategies and protocols, action plans, and IEC working groups

2. **Strengthening Client-Provider Interactions**
- Develop, produce, and distribute new or existing IEC materials
- Train service providers in counseling

3. **Conducting Health Promotion Interactions**
- Hold large and highly visible IEC activities
- Carry out advocacy efforts at the community level and community mobilization
- Award small IEC grants to local NGOs

4. **Improving IEC Management and Delivery Capacity**
Train IEC managers/providers and provide them with regular TA.

IR3: Principal activities and results

- Training curricula on interpersonal communication elaborated, tested, and finalized.
- Broadcasting of 45 episodes of the cervical cancer screening *tables rondes*.
- Seventy (70) meetings with potential clients of the cervical cancer screening program organized in Kankan, Siguiri, and Faranah.
- Supervision of all nine IEC groups; provision of IEC kits, including manuals, posters, and other materials for managing community-level IEC activities.
- Twenty-seven CPSC members were oriented to use the "community mirror" efficiently. Activities to promote mutual were organized in 120 villages; 30 events organized to mark the integration of family planning and STI prevention services in health posts, and 50 more events organized to present CBD agents newly trained.

Production of a training curriculum for interpersonal communication

The reinforcement of the health providers' skills in IPC/counseling in family planning constitutes an essential axis of the project's interventions. Then skilled health providers may recruit new users at the facility level. The development of a training curriculum is a basis of the reinforcement. During the quarter the curriculum was elaborated, tested, and validated in order to be able to launch certain trainings during the next quarter.

The cervical cancer screening program includes several activities, for example, a significant community mobilization program to widely inform and encourage a greater number of women to be proactive and get tested early. Following the integration of cervical cancer screening programs in 14 health facilities, a coherent communication program was launched during the quarter. Using the local rural radios, key messages were diffused to the population's attention. Then series of the *tables rondes* with people who were already diagnosed or successfully treated were realized. Also this diffusion intended to inform the population that the screening services are free of charge for candidates. Thus, during the quarter, 15 emissions were diffused in each prefecture— Kankan, Siguiri, and Faranah—for a total 45 diffusions by the three rural radios concerned. Also, in parallel to the rural radio, others channels of communication were exploited during the quarter to promote the use of the cervical cancer screenings services. In fact empirical observation confirmed that traditional channels of communications are preferred for the very traditional population in Upper Guinea. Based on that logic, initiatives were taken to organize direct discussion meetings targeting women in each district of Kankan, Siguiri, and Faranah. Those meetings permitted open discussions with potential clients; several questions arose and the answers contributed considerably increasing the level of information of the population. In total, 30 meetings were organized in Kankan, 40 in Siguiri, and 30 in Faranah.

Support of the regional and prefectoral IEC groups

During the quarter, the project supported nine IEC local groups out of nine targeted to evaluate and adapt their annual work plan to support the RH services integration in Upper Guinea. These quarterly work plans include the organization of community events (such as football games and films related to the consequences of STI/AIDS) as well as technical support to the DPS in Upper Guinea.

Promotion of the *caisses communautaires*

During this quarter, the Project maintained the promotion of the *caisses communautaires* by organizing an orientation session for 30 CPSC members deployed in the Kankan Prefecture to help them promote the approach in their communities. Trained and equipped, these CPSC members covered 120 villages and organized community mobilization in favor of these *caisses communautaires*. See the positive results of this effort in the related section of the report.

Promotion of the community mirrors

As for the promotion of the *caisses communautaires*, the PRISM Project maintained during the quarter the promotion of the *mirroirs communautaires* by orienting and supporting the CPSC members to evaluate and popularize those community mirrors. During the quarter, 120 villages were covered in terms of promotion and the use of the tool is progressive.

Promotion events around health posts recently integrated with family planning and STI/AIDS prevention services

Integration of family planning and STI/AIDS prevention services at the health-post level received intensive promotional support through the implementation of IEC events around each integrated site. This community mobilization exposed the target populations to the services available at the health post. During the quarter events were realized in all villages covered by 30 health posts recently integrated in Mandiana and Kankan. Thousands of people were reached and have watched the video focusing on the "FP and Islam" developed by the project.

Promotion events for the CBD agents' presentation

In order the support the CBD agents, PRISM maintained during the quarter a series of activities specifically aimed at presenting the community based agents in their village following the training. It is a sort of public recognition, an official insertion. During the quarter about fifty agents were thus presented at their communities. This activity will continue during the next quarter to cover the totality of the recently trained agents.

IR4- Improvement of COORDINATION

PRISM's approach to improve coordination of RH interventions is to participate actively and to support existing coordination processes, and to promote when needed the creation of new but sustainable mechanisms, particularly at the decentralized level. Specifically, this includes:

At the decentralized level

- Support the establishment, functioning, and actions of RH Regional Working Groups;
- Support the preparation and participate in the CTPS and CTRS meetings;
- Strengthen the managerial capacity of DRS/DPS, with an emphasis on their supervision activities.

At the institutional level

- Review the project's activities, results, and achievements with the MOH and USAID
- Participate to the extent possible in the development of health-related policies at the central level;
- Plan and implement interventions with RH partners in the field.

IR4: Principal activities and results
• Support the supervision and management activities carried out during the quarter in two DRSs and nine DPSs
• Coordination meeting with Africare
• Coordination meeting with Save the Children
• Two coordination meetings with ADRA's health project in Siguiri

Coordination with partners

Collaboration between PRISM and other intervention partners in the health sector has continued throughout the quarter.

With Africare, a MOU for the implementation of community-based distribution of oral contraceptives in Dabola and Dinguiraye was signed during the quarter. Trainings were organized in Dinguiraye and Dabola, both for Africare's employees and community agents.

With ADRA, two coordination meetings were organized and the project provided various technical supports for ADRA's activities in Siguiri. In parallel, the MOU for the implementation of community-based distribution of oral contraceptives in discussed trainings was organized both for ADRA's employees and community agents.

HKI continues to maintain its regional representation in Kankan in the PRISM office;

Agreements were made with Save the Children for the expansion of community-based oral contraceptive distribution in Kouroussa and Mandiana. Trainings were organized for Save the Children's supervisors, Mandiana DPS's staff, as well as community agents.

Over the quarter, PRISM also was invited by USAID to various different meetings held in Conakry.

CONCLUSION

The results obtained by the PRISM Project during this quarter were largely higher than targeted. All of the targets fixed for the quarter were exceeded and for certain indicators the targets for the entire fiscal year have been met.

For instance, the number of couple year protection (CYP) obtained during the quarter was 9,200, more than double the 4,017 obtained during the previous quarter. This number is set to increase further in Quarters 3 and 4, as newly integrated health posts and the hundreds of recently trained CBD agents begin to report activities.

The rate of recruitment reached 32.7% during the quarter, substantially higher than the 11.1% reported during the previous quarter. Both results exceeded the target of 10%. In parallel, the utilization rate reached 40% in March; almost triple the 15% target for the fiscal year. Three hundred four women accepted IUDs, twice as many as the previous quarter and almost as many as the total for FY05.

The integration of health posts has already doubled, from 47% in September 2005 to 96% during this quarter. All the targeted health posts will be covered next month, taking the project to the targeted 100%. Moreover, the percentage of health centers integrated with FP and STI prevention was maintained during the quarter at 100%, the target for the FY06.

The coverage rate for mutual associations reached 9% during the quarter, compared to 4% for the previous quarter). Communities collected millions of GNF to face their local health issues.

As of December 2005, the percentage of PAC cases obtaining counseling reached 100%. However, family planning acceptance following counseling fell from 83% during the previous quarter to 56% currently. During the quarter, 1,653 women benefited from the cervical cancer screenings program, of which 97 were found positive.

The progress made by the project during this quarter made sure to reach the end-of-project targets specified in PRISM's revised and approved work plan in September 2005. The results are significant given the current Guinean context and the stage of development of the health program. However, this progress is fragile and requires continued TA to be sustainable. The results reported and reviewed in this report must also be understood against the grateful support of USAID. For instance, during the quarter the CTO has visited the project along with the project supervisor in MSH's HQ and made valuable recommendations. On-going collaboration with both USAID and the MOH has proven to be valuable to the project's daily implementation. The project's direction will work to preserve this positive collaboration over the next quarters.